



Holy Trinity Preschool

6322 South Lakeview Street
Littleton, CO 80120
Phone: 303-797-6345

Director.holytrinitypreschool@gmail.com

REGISTRATION FORM

Fall 2026 – 2027 Registration form

August 11, 2025-May 21, 2026

Registration opens on January 5th for current families and February 9th for new families.

Child's Name: _____ Child's Date of Birth: _____
Child's Home Address: _____

Circle Which Class:

City _____ State _____ Zip _____

6wks – 18mo. Full-Time Only Lil' Pandas	12mo 18mo. Full – Time Only Lil' Dinos	6wks – 18mo. Full-Time Only	\$416.00 Per WK
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18mo. Lil'Cubs	2 yrs Lil' Kangas
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Please mark the days and times you would like your child to attend. (Example: under Monday 8:00-5:00)		Times your child will attend:	Mon	Tues	Wed	Thurs	Fri
Preschool Day (8:30am – 12:30pm)	\$50.00						
Enrichment 5 hours of care	\$56.00						
Enrichment 6 hours of care	\$62.00						
Enrichment 7 hours of care	\$68.00						
Enrichment 8 hours of care	\$74.00						
Enrichment 9 hours of care	\$80.00						
Enrichment Full Day 7:30-5	\$86.00						

3yrs/4yrs Elephants *Must be potty trained	Jr. Kindergarten UPK Zebras	UPK Hours: Mon– Wed 9:00 – 1:00 Additional Hours: Not Provided by the state	Thursday 9:00 – 12:00					
Please mark the days and times you would like your child to attend. (Example: under Monday 8:00-5:00)		Times your child will attend:	Mon	Tues	Wed	Thurs	Fri	
Preschool Day (8am – 12pm)	\$43.00							
Enrichment 5 hours of care	\$49.00							
Enrichment 6 hours of care	\$55.00							
Enrichment 7 hours of care	\$61.00							
Enrichment 8 hours of care	\$67.00							
Enrichment 9 hours of care	\$73.00							
Enrichment Full Day 7:30-5	\$79.00							

Tuition will be charged at the end of each week. Sick/Vacation & Holidays days are non-refundable. Annual Registration fee of \$165.00 per child is due at the time of registration. This is a one-time, non-refundable yearly fee that secures your child's spot and offsets yearly program costs.

Primary Contact Name: _____ Primary Contact Phone: _____

Primary Contact Email: _____

Secondary Contact Name: _____ Secondary Contact Phone: _____

Secondary Contact Email: _____

Signature: _____ Date: _____

For office use: _____ Date Registration form received: _____ Wait list? _____ Registration fee received: _____ Family in Early

Learning Ventures: _____

Weekly Tuition: _____